

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/20/2012

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155747		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/30/2011	
NAME OF PROVIDER OR SUPPLIER WOODCREST NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MERCER AVE DECATUR, IN46733			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code and Environmental Preoccupancy Survey for the renovation of the B Wing was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 12/30/11</p> <p>Facility Number: 000556 Provider Number: 155747 AIM Number: 100290130</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, Woodcrest Nursing Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety From Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and with 410 IAC 16,2-3,1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Comprehensive care facilities. The remodeled B Wing was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, areas open to the corridors and resident rooms. The facility has a capacity of 143 and had a census of 116 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/04/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0056 SS=D	<p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure complete automatic sprinkler system was provided for 1 of 1 Rehabilitation storage rooms and 1 of 2 clean linen storage closets in the remodeled B wing in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. This deficient practice could affect any number of staff.</p> <p>Findings include:</p> <p>Based on an observation with the Director of Support Services on 12/30/11 between 11:00 a.m. and 11:01 a.m., the Rehabilitation storage room and the clean linen</p>			K0056	<p>K0056SS=D1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? In an effort to correct this deficient practice, sprinkler heads and piping were ordered on January 6, 2011 from Allied Mechanical, Inc. The parts will take about a week to come in and Allied Mechanical will install when the parts arrive. (Rehab storage and clean linen storage areas)2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? In an effort to prevent residents from being affected by this deficient practice, the deficient practice will be corrected upon completion of the automatic sprinkler system in the remodeled B wing.3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p>		01/27/2012

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K0000	<p>storage closet in the tub room lacked sprinkler coverage. This was confirmed by the Director of Support Services at the time of observations.</p> <p>3.1-19(b)</p> <p>A Life Safety Code and Environmental Preoccupancy Survey for the Rehabilitation Administration addition was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 12/30/11</p> <p>Facility Number: 000556 Provider Number: 155747 AIM Number: 100290130</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code and Environmental Preoccupancy</p>			K0000	<p>The deficient practice cannot recur after the completion of the automatic sprinkler system.4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance programs will be put into place? No monitoring needed.</p>		

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	<p>survey, Woodcrest Nursing Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety From Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and with 410 IAC 16,2-3,1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities. The addition of the Rehabilitation Administration addition including a rehabilitation pool, apartment, nurses' station and offices which were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, areas open to the corridors and resident rooms. The facility has a capacity of 143 and had a census of 116 at the time of this survey.</p>						

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